

Wisconsin Department of Regulation & Licensing

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EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

EXPERIENCE RECORD

Type or print your name:	Type of license you are applying for:	Date:
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Engagement	Date	Title of Position, Name and Address of Employer, and Extent of Experience and Responsibility Make statement concise. Designate each engagement by a separate number. Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility. University or college shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your last entry. Any necessary amplification may be made on a separate sheet.	Name, Title and Address of an individual (not deceased) familiar with each engagement, preferably the person to whom applicant reported.
#1 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		
#2 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		

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#3 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		
#4 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		
#5 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		